

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

ACT NOW PAC INC

ADDRESS (number and street)

PO BOX 204

☐Check if different
than previously
reported. (ACC)

NEW YORK

NY

10014

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00422485

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2006

through

09

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Andrew Weinstein

Signature of Treasurer

Electronically Filed by Andrew Weinstein

Date

10

04

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
ACT NOW PAC INC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		0.00
(b) Cash on Hand at Beginning of Reporting Period	1364.22	
(c) Total Receipts (from Line 19)	19047.76	21802.73
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20411.98	21802.73
7. Total Disbursements (from Line 31)	4829.46	6220.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15582.52	15582.52
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
ACT NOW PAC INC

Report Covering the Period:

From:

M M D D Y Y W Y
0 7 0 1 2 0 0 6

To:

M M D D Y Y W Y
0 9 3 0 2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5588.76	6138.76
(i) Itemized (use Schedule A)	13459.00	15663.00
(ii) Unitemized	19047.76	21801.76
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	19047.76	21801.76
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.97
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	19047.76	21802.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	19047.76	21802.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		2959.74	4350.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		2959.74	4350.49
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		1868.75	1868.75
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.97	0.97
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		4829.46	6220.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		4829.46	6220.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	19047.76	21801.76
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19047.76	21801.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2959.74	4350.49
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2959.74	4350.49

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACT NOW PAC INC

A. Full Name (Last, First, Middle Initial) Elka Deitsch		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6
Mailing Address 24 Fifth Avenue		Transaction ID: SA11A1.4592
City New York	State NY	Zip Code 11011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Congregation Emanuel	Occupation Curator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B. Full Name (Last, First, Middle Initial) Paul Hewett		Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6
Mailing Address 10 W 65th St., Apt 5A		Transaction ID: SA11A1.4746
City New York	State NY	Zip Code 10023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Population Council	Occupation Researcher	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C. Full Name (Last, First, Middle Initial) Edward Norton		Date of Receipt M M / D D / Y Y Y Y 0 9 / 0 8 / 2 0 0 6
Mailing Address 200 Park Ave S., 8th Fl		Transaction ID: SA11A1.4542
City New York	State NY	Zip Code 10003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Writer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 / 25

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

ACT NOW PAC INC

A. Full Name (Last, First, Middle Initial) Jesse Peretz Mailing Address 533 Canal St Apt 3 City New York State NY Zip Code 10013 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 263.76		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.4750 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">263.76</td> </tr> </table> In-kind - Wine for Fundraising Event	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	2		2	0	0	6	263.76									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	9		1	2		2	0	0	6																							
263.76																																

B. Full Name (Last, First, Middle Initial) Cynthia Raskin Mailing Address 649 West Arlington Pl. City Chicago State IL Zip Code 60614 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Public Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.4416 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	8		2	0	0	6	1000.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	7		2	8		2	0	0	6																							
1000.00																																

C. Full Name (Last, First, Middle Initial) Richard Raskin Mailing Address 2400 N. Lakeview Apt 2905 City Chicago State IL Zip Code 60614 FEC ID number of contributing federal political committee. C Name of Employer Self Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.4444 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		2	0	0	6	300.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	8		0	9		2	0	0	6																							
300.00																																

SUBTOTAL of Receipts This Page (optional)

1563.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACT NOW PAC INC

A. Full Name (Last, First, Middle Initial) Oona Schmid Mailing Address 829 Greenwood Ave., Apt 2 A City Brooklyn State NY Zip Code 11218 FEC ID number of contributing federal political committee. C Name of Employer Springer Occupation Editor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.4594 Amount of Each Receipt this Period 225.00
B. Full Name (Last, First, Middle Initial) Stephen Shaw Mailing Address 68 Jay St Apt 508 City Brooklyn State NY Zip Code 11201 FEC ID number of contributing federal political committee. C Name of Employer Unemployed Philosophers Occupation Philosopher Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 6 Transaction ID: SA11A1.4722 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Ellen Stone Belic Mailing Address 418 W. Webster Ave. City Chicago State IL Zip Code 60614 FEC ID number of contributing federal political committee. C Name of Employer Columbia College Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 0 / 2 0 0 6 Transaction ID: SA11A1.4446 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ACT NOW PAC INC

A.

Full Name (Last, First, Middle Initial)

Eleanor Worth

Mailing Address 308 W. 103rd St. Apt 3G

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Shepard Services

Occupation

Social Worker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.4526

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

5588.76

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 ACT NOW PAC INC

Full Name (Last, First, Middle Initial)

A. Fairway Wholesale

Mailing Address 2284 12th Avenue

City State Zip Code
 New York NY 10027

Purpose of Disbursement
 Food for Fundraising Event

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4329

Date of Disbursement

M M / D D / Y Y Y Y
 09 12 2006

Amount of Each Disbursement this Period

599.39

Full Name (Last, First, Middle Initial)

B. Intellicontact

Mailing Address 2635 Meridian Pkwy
 Suite 100

City State Zip Code
 Durham NC 27713

Purpose of Disbursement
 List Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4232

Date of Disbursement

M M / D D / Y Y Y Y
 07 03 2006

Amount of Each Disbursement this Period

54.85

Full Name (Last, First, Middle Initial)

C. Intellicontact

Mailing Address 2635 Meridian Pkwy
 Suite 100

City State Zip Code
 Durham NC 27713

Purpose of Disbursement
 List Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.4281

Date of Disbursement

M M / D D / Y Y Y Y
 08 03 2006

Amount of Each Disbursement this Period

87.20

SUBTOTAL of Disbursements This Page (optional)

741.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A. Full Name (Last, First, Middle Initial) Intellicontact		Transaction ID: SB21B.4314 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 6</div> </div>
Mailing Address 2635 Meridian Pkwy Suite 100		Amount of Each Disbursement this Period <div>87.20</div>
City Durham State NC Zip Code 27713		
Purpose of Disbursement List Service	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) Jesse Peretz		Transaction ID: SB21B.4752 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 2 / 2 0 0 6</div> </div>
Mailing Address 533 Canal St Apt 3		Amount of Each Disbursement this Period <div>263.76</div>
City New York State NY Zip Code 10013		
Purpose of Disbursement In-kind - Wine for Fundraising Event	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Sandler, Reiff & Young, PC		Transaction ID: SB21B.4230 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 1 / 2 0 0 6</div> </div>
Mailing Address 50 E Street, SE Suite 300		Amount of Each Disbursement this Period <div>425.00</div>
City Washington State DC Zip Code 20003		
Purpose of Disbursement Legal Services	<div>Category/Type</div>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
SUBTOTAL of Disbursements This Page (optional)		<div>775.96</div>
TOTAL This Period (last page this line number only)		<div>1517.40</div>

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 ACT NOW PAC INC

Full Name (Last, First, Middle Initial)

A. Action Car Rental

Mailing Address 200 E. 33rd Street

City State Zip Code
 New York NY 10016

Purpose of Disbursement
 Car Rental

Candidate Name
 LOIS MURPHY

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4274

Date of Disbursement

/ /

Amount of Each Disbursement this Period

252.95

Full Name (Last, First, Middle Initial)

B. Borough of Norristown

Mailing Address 235 E. Airy Street

City State Zip Code
 Norristown PA 19401

Purpose of Disbursement
 Copy of Incident Report

Candidate Name
 LOIS MURPHY

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4278

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

C. CARNEY FOR CONGRESS

Mailing Address PO Box 38

City State Zip Code
 Dimock PA 18816

Purpose of Disbursement
 Contribution

Candidate Name
 CHRISTOPHER CARNEY

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: SB23.4346

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

SUBTOTAL of Disbursements This Page (optional)

367.95

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A. Coach USA Full Name (Last, First, Middle Initial) Mailing Address 160 S. Route 17 North City Paramus State NJ Zip Code 07652 Purpose of Disbursement Buses Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4298 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 200.00
B. Coach USA Full Name (Last, First, Middle Initial) Mailing Address 160 S. Route 17 North City Paramus State NJ Zip Code 07652 Purpose of Disbursement Buses Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4313 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 748.70
C. Coach USA Full Name (Last, First, Middle Initial) Mailing Address 160 S. Route 17 North City Paramus State NJ Zip Code 07652 Purpose of Disbursement Buses Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4361 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 200.00
SUBTOTAL of Disbursements This Page (optional) ▶		1148.70
TOTAL This Period (last page this line number only) ▶		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A. Duane Reade Full Name (Last, First, Middle Initial) Mailing Address 661 Eighth Avenue City New York State NY Zip Code 10036 Purpose of Disbursement Food Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4303 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 7.62
B. GILLIBRAND FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 1279 City Hudson State NY Zip Code 12534 Purpose of Disbursement Contribution Candidate Name KIRSTEN E GILLIBRAND Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4354 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00
C. Great Farms Full Name (Last, First, Middle Initial) Mailing Address 181 Columbus Ave. City New York State NY Zip Code 10023 Purpose of Disbursement Food Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4268 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 11.68

SUBTOTAL of Disbursements This Page (optional)

69.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 ACT NOW PAC INC

A. Gristedes Full Name (Last, First, Middle Initial) Mailing Address 585 Hudson Street City New York State NY Zip Code 10014 Purpose of Disbursement Food Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4327 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6 Amount of Each Disbursement this Period 6.73
B. Gristedes Full Name (Last, First, Middle Initial) Mailing Address 585 Hudson Street City New York State NY Zip Code 10014 Purpose of Disbursement Food Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4358 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 9.44
C. JOHN HALL FOR CONGRESS Full Name (Last, First, Middle Initial) Mailing Address PO Box 377 City Dover Plains State NY Zip Code 12522 Purpose of Disbursement Contribution Candidate Name JOHN JOSEPH HALL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4349 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 6 / 2 0 0 6 Amount of Each Disbursement this Period 50.00

SUBTOTAL of Disbursements This Page (optional)

66.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
 ACT NOW PAC INC

Full Name (Last, First, Middle Initial)

A. Mail Boxes, Etc.

Mailing Address 315 Bleecker Street

City State Zip Code
 New York NY 10014

Purpose of Disbursement
 Copies

Candidate Name
 LOIS MURPHY

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4312

Date of Disbursement

M M / D D / Y Y Y Y
 09 01 2006

Amount of Each Disbursement this Period

2.71

Full Name (Last, First, Middle Initial)

B. Metro North

Mailing Address 347 Madison Avenue

City State Zip Code
 New York NY 10017

Purpose of Disbursement
 Train Tickets

Candidate Name
 DIANE GOSS FARRELL

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: SB23.4322

Date of Disbursement

M M / D D / Y Y Y Y
 09 09 2006

Amount of Each Disbursement this Period

55.50

Full Name (Last, First, Middle Initial)

C. Andrew Solomon

Mailing Address 525 W. 49th Street
 Apt. 4C

City State Zip Code
 New York NY 10019

Purpose of Disbursement
 Tolls

Candidate Name
 LOIS MURPHY

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4293

Date of Disbursement

M M / D D / Y Y Y Y
 08 19 2006

Amount of Each Disbursement this Period

7.80

SUBTOTAL of Disbursements This Page (optional)

66.01

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A. Full Name (Last, First, Middle Initial) Sunoco		Transaction ID: SB23.4273 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td> <td>2</td><td>9</td><td></td> <td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	9		2	0	0	6														
Mailing Address Milepost 92.9 NJ Tpk		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">66.21</td> </tr> </table>		66.21																			
66.21																							
City Woodbridge State NJ Zip Code 07095	Purpose of Disbursement Gas	<input type="checkbox"/> Category/ Type																					
Candidate Name LOIS MURPHY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
B. Full Name (Last, First, Middle Initial) UPS Store		Transaction ID: SB23.4264 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td> <td>1</td><td>3</td><td></td> <td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	3		2	0	0	6														
Mailing Address 132 E. 43rd Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">13.35</td> </tr> </table>		13.35																			
13.35																							
City New York State NY Zip Code 10017	Purpose of Disbursement Copies	<input type="checkbox"/> Category/ Type																					
Candidate Name LOIS MURPHY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
C. Full Name (Last, First, Middle Initial) UPS Store		Transaction ID: SB23.4269 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td> <td>2</td><td>5</td><td></td> <td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		2	5		2	0	0	6														
Mailing Address 132 E. 43rd Street		Amount of Each Disbursement this Period <table border="1"> <tr> <td colspan="10">2.07</td> </tr> </table>		2.07																			
2.07																							
City New York State NY Zip Code 10017	Purpose of Disbursement Postage	<input type="checkbox"/> Category/ Type																					
Candidate Name LOIS MURPHY	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					

SUBTOTAL of Disbursements This Page (optional)

81.63

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
 ACT NOW PAC INC

A. UPS Store Full Name (Last, First, Middle Initial) Mailing Address 132 E. 43rd Street City New York State NY Zip Code 10017 Purpose of Disbursement Copies Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4270 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 5 / 2 0 0 6 Amount of Each Disbursement this Period 2.67
B. UPS Store Full Name (Last, First, Middle Initial) Mailing Address 132 E. 43rd Street City New York State NY Zip Code 10017 Purpose of Disbursement Copies Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4297 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6 Amount of Each Disbursement this Period 2.17
C. UPS Store Full Name (Last, First, Middle Initial) Mailing Address 132 E. 43rd Street City New York State NY Zip Code 10017 Purpose of Disbursement Copies Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4305 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 8 / 2 0 0 6 Amount of Each Disbursement this Period 3.38

SUBTOTAL of Disbursements This Page (optional)

8.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)
 ACT NOW PAC INC

A. UPS Store Full Name (Last, First, Middle Initial) Mailing Address 132 E. 43rd Street City New York State NY Zip Code 10017 Purpose of Disbursement Fax Candidate Name DIANE GOSS FARRELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4318 Date of Disbursement M M / D D / Y Y Y Y 09 / 07 / 2006 Amount of Each Disbursement this Period 3.25
B. UPS Store Full Name (Last, First, Middle Initial) Mailing Address 132 E. 43rd Street City New York State NY Zip Code 10017 Purpose of Disbursement Copies Candidate Name DIANE GOSS FARRELL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4320 Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2006 Amount of Each Disbursement this Period 5.85
C. UPS Store Full Name (Last, First, Middle Initial) Mailing Address 132 E. 43rd Street City New York State NY Zip Code 10017 Purpose of Disbursement Copies/Fax Candidate Name LOIS MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 06 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB23.4326 Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2006 Amount of Each Disbursement this Period 9.70
SUBTOTAL of Disbursements This Page (optional)		18.80
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
 ACT NOW PAC INC

Full Name (Last, First, Middle Initial)

A. UPS Store

Mailing Address 132 E. 43rd Street

City State Zip Code
 New York NY 10017

Purpose of Disbursement
 Copies

Candidate Name
 LOIS MURPHY

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4359

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.14

Full Name (Last, First, Middle Initial)

B. UPS Store

Mailing Address 132 E. 43rd Street

City State Zip Code
 New York NY 10017

Purpose of Disbursement
 Copies

Candidate Name
 DIANE GOSS FARRELL

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: SB23.4360

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.89

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address Village Station

City State Zip Code
 New York NY 10014

Purpose of Disbursement
 Postage

Candidate Name
 LOIS MURPHY

Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4266

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.11

SUBTOTAL of Disbursements This Page (optional)

18.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address Village Station

City New York State NY Zip Code 10014

Purpose of Disbursement
Postage

Candidate Name
LOIS MURPHY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4271

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.11

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address Village Station

City New York State NY Zip Code 10014

Purpose of Disbursement
Postage

Candidate Name
LOIS MURPHY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4285

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.20

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address Village Station

City New York State NY Zip Code 10014

Purpose of Disbursement
Postage

Candidate Name
LOIS MURPHY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4287

Date of Disbursement

/ /

Amount of Each Disbursement this Period

0.87

SUBTOTAL of Disbursements This Page (optional)

6.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address Village Station

City New York State NY Zip Code 10014

Purpose of Disbursement
Postage

Candidate Name
LOIS MURPHY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4288

Date of Disbursement

08 / 17 / 2006

Amount of Each Disbursement this Period

0.87

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address Village Station

City New York State NY Zip Code 10014

Purpose of Disbursement
Postage

Candidate Name
LOIS MURPHY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4302

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

1.11

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address Village Station

City New York State NY Zip Code 10014

Purpose of Disbursement
Postage

Candidate Name
LOIS MURPHY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4304

Date of Disbursement

08 / 28 / 2006

Amount of Each Disbursement this Period

4.20

SUBTOTAL of Disbursements This Page (optional)

6.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 25

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
 ACT NOW PAC INC

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address Village Station

City New York State NY Zip Code 10014

Purpose of Disbursement
Postage

Candidate Name
 LOIS MURPHY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4341

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.59

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address Village Station

City New York State NY Zip Code 10014

Purpose of Disbursement
Postage

Candidate Name
 DIANE GOSS FARRELL

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: SB23.4343

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.83

Full Name (Last, First, Middle Initial)

C. Andrew Weinstein

Mailing Address 57 Grove St.
 Apt 2

City New York State NY Zip Code 10014

Purpose of Disbursement
Tolls

Candidate Name
 LOIS MURPHY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: SB23.4292

Date of Disbursement

/ /

Amount of Each Disbursement this Period

8.05

SUBTOTAL of Disbursements This Page (optional)

11.47

TOTAL This Period (last page this line number only)

1868.75

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ACT NOW PAC INC

Full Name (Last, First, Middle Initial)

A. Acceptiva, Inc.

Mailing Address 38579 River Street SE

City
Snoquaimie

State
WA

Zip Code
98065

Purpose of Disbursement
Return test contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.4234

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

0.97

TOTAL This Period (last page this line number only)

0.97

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
ACT NOW PAC INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Andrew Solomon

Nature of Debt (Purpose):
Domaon Name Registration

Mailing Address 525 W. 49th Street
Apt. 4C

City State ZIP Code
New York NY 10019

Outstanding Balance Beginning This Period

82.05

Transaction ID: SD10.4228

Amount Incurred This Period

0.00

Payment This Period

82.05

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Andrew Weinstein

Nature of Debt (Purpose):
Office Expenses

Mailing Address 57 Grove St.
Apt 2

City State ZIP Code
New York NY 10014

Outstanding Balance Beginning This Period

155.53

Transaction ID: SD10.4227

Amount Incurred This Period

0.00

Payment This Period

155.53

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....

0.00

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)